3800-FM-BCW0435 10/2017



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Marcus Hook Generating Station		Month:	Year:
Marcus Hook Borough	County: Delaware	NPDES Permit No.: PA0244449	Outfall No.: 001
3-G		Renewal application due 180 days prior to expiration	
		This permit will expire on	
	Marcus Hook Generating Station Marcus Hook Borough 3-G	Marcus Hook Generating Station	Marcus Hook BoroughCounty: DelawareNPDES Permit No.: PA02444493-GRenewal application due 180 days prior to expiration

								E	fflue	nt Parameter	s							
		Flow		рН		DO	000000000000000000000000000000000000000	TRC	Тє	mperature		CBOD5		TSS	Tota	al Dissolved Solids	Oil	and Grease
Day	Q	MGD	Q	S.U.	Q	mg/L	Q	mg/L	Q	٥F	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L
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I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By:	[FORMTEXT]	Signature:	
Title:	[FORMTEXT]	Date:	[FORMTEXT]

3800-FM-BCW0435 10/2017



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name:	Marcus Hook Generating Station		Month:	Year:
Municipality:	Marcus Hook Borough	County: Delaware	NPDES Permit No.: PA0244449	Outfall No.: 001
Watershed:	3-G	, <u></u>	Renewal application due 180 days prior to expiration	
Laboratories:			This permit will expire on	

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Day	Ammonia		Total Aluminum		Total Aluminum Hexavale Chromiu		Total Chromium Total		tal Copper		otal Zinc		Bromide	PCBs (Dry Weather)		Acute WET - Ceriodaphnia Survival		
	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	pg/L	Q	TUa
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Prepared By:	[FORMTEXT]	Signature:	
Title:	[FORMTEXT]	Date:	[FORMTEXT]

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

INSTRUCTIONS FOR COMPLETING DAILY EFFLUENT MONITORING SUPPLEMENTAL REPORT

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BCW0436.

- 1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
- 2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
- 3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
- 4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
- 5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BCW0463) and DEP guidance (3800-BK-DEP3047). Note for bacteria, calculate and report the geometric mean value.
- 6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.